

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAL LTATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type of Pr	int Clearly)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	Н.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222, S.VINEYARD STREET, SUITE	E 401		808/533-4601	
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813	96813-2453	
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business ent	ity which has been retained to lobby)	TELEPHONE	
CAPITOL CONSULTANTS OF HA	WAII		808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET,	SUITE 401		808/533-4601	
(City)	(State)	(Zip	Code)	
HONOLULU HAWAII		9681	96813-2453	

PART II ORGANIZATIO	ON			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 800-624-2931		
CORRECTIONS CORPORATION OF AMERICA				
MAILING ADDRESS (Street)	FAX 615-263-3050			
10 BURTON HILLS BLVD				
(City)	(State)	(Zip Code)		
NASHVILLE	TN	37215		
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 800-624-2931		
KELLY DURHAM				
MAILING ADDRESS (Street)		FAX 615-263-3050		
10 BURTON HILLS BLVD				

(City)	(State)		(Zip Code)		
NASHVILLE	TN	37215			
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LORRY			
		TOO EXILEDITIO EODBT			
[] Agriculture	[] Education	[] Human Services	[] Science, Technology & Economic Development		
[] Communications & Public Utilities	[] Government Operations & Finance	[] Intergovernmental Relations, International Affairs	[] Tourism & Recreation		
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[] Labor & Employment	[] Transportation		
[] Culture, Arts, Historic Preservation	[] Health	[] Planning, Land & Water Use Management	[] Other: (indicate below)		
[] Ecology, Energy · Environmental Protection	[] Housing	[] Public Safety & Corrections			
PART IV CERTIFICATIO	N OF LOBBYIST				
		is to the hest of my knowledge	correct and complete		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	(Signature of Lobbyist)	(Date)			
	7				
PART V AUTHORIZATIO	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED		
KELLY DURHAM SENIOR D NAME OF ORGANIZATION (if applicable)		V	IOR DIRECTOR BUSINESS DEVELOPMENT TELEPHONE 800-624-2931		
TANIE OF CROANZATION (II ap	piloabie	[222, 110112 000 02 1 2001		
CORRECTIONS CORPORATION	OF AMERICA				
MAILING ADDRESS (Street)		FA	FAX 615-263-3050		
10 BURTON HILLS BLVD					
(City)	(State)	(Zip Cod	e)		
NASHVILLE	TN	37215	5		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Kell	4 Dla		2/4/05		
(Signa	ture of Authorizing Officer or Person	Represented)	(Date)		